

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729528

1. Entity Name

WESTMINSTER PRESBYTERIAN CHURCH OF DELAND, FLORIDA, INC.

Principal Place of Business

Mailing Address

1313 W. NEW YORK AVE
P.O. BOX 1106
DELAND FL 32721

P O BOX 1106
DELAND FL 32721
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1511543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEENE, MILDRED S. (MRS.)

120 S. MARYDELL AVE.
DELAND FL 32720

(address: 123 S. Marydell Ave.)

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PEENE, MILDRED MRS
123 S MARYDELL AVE
DELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOULAY, CLAIRE
1413 W TALTON AVE
DELAND FL 32720 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELLIS, JOY
503 Gordon Ct.
DeLand, FL 32720 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOODWILL, ROBERT P
101 N AMELIA AVE # 608
DELAND FL 32724 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
BROWN, GEORGE
600 N BOUNDARY AVE, APT 107D
DELAND FL 32720 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVIS, JERROLD
3130 TURTLE DOVE TRAIL
DELAND FL 32724 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mildred S. Peene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mildred S. Peene

1/22/02

384-736-6926

Date

Daytime Phone #

80013000



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)